

Kent ISD Early Childhood Assistive Technology Referral Parent Input

The following questions are intended to summarize information about the student as part of a process to determine the student's need for assistive technology.

Student Name: _____ Birth date: _____
 Parent/Guardian Name: _____
 Address: _____
 Home Phone: _____ Email: _____
 District: _____ Building: _____
 Disability/Special Education Category: _____

Location of school intervention: Home School

The **SETT Framework** is a guideline for gathering data to make effective assistive technology decisions. The SETT Framework considers first, the *STUDENT*, the *ENVIRONMENT(S)* and the *TASKS* required for active participation in the activities of the environment, before identifying the appropriate *TOOLS* or strategies.

Current Goals/Objectives: _____

STUDENT: What do you believe are your child's strengths in the following areas: physical/motor, social/emotional, language/communication, play?

ENVIRONMENTS: Where does your child need accommodation or differing strategies?

TASKS: What specific functional/educational tasks (related to goals/objectives would you like to see addressed with assistive technology and accommodations?

TOOLS: What assistive technology/accommodations have you tried, or are currently being tried with your child? List when and with what level of success.

Parent/Guardian Signature: _____ Date: _____

4/2014